

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FOLLOW THE NORTH STAR FUND**

**A.** Full Name (Last, First, Middle Initial)  
**TINKLENBERG FOR CONGRESS**

Mailing Address **9298 CENTRAL AVE NE**

City **BLAINE** State **MN** Zip Code **55434**

Purpose of Disbursement  
Contribution

Candidate Name  
**ELWYN GLENN TINKLENBERG**

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: **MN** District: **06**

**Transaction ID: SB23.5139**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**UDALL FOR US ALL**

Mailing Address **3311 CANDELARIA NE SUITE A**

City **ALBUQUERQUE** State **NM** Zip Code **87107**

Purpose of Disbursement  
Contribution

Candidate Name  
**TOM UDALL**

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: **NM** District: **00**

**Transaction ID: SB23.5164**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**2500.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**7500.00**

**TOTAL** This Period (last page this line number only) .....

**37500.00**